

7. On account of the possible entrance of the button into the stomach, gastro-enterostomy in cases of benign stricture of the pylorus should be done with the help of the suture.

Surgical Treatment of Tumors of the Liver.—The literature of this subject and the rapid advances which have been lately made in the operations upon tumors of the liver are carefully studied by ELLIOTT (*Annals of Surgery*, July, 1897), who reports an interesting case of alveolar sarcoma which he successfully removed. The patient recovered, but died three months later from a return of the disease in the intestines.

The author summarizes the present status of the operative treatment of these tumors as follows: The symptoms are always obscure; frequently there was pain at the site of the tumor, but its position varied and had no bearing usually upon the diagnosis. The tumors were generally quite movable, even when connected by a broad base, and usually more so in a lateral direction than up and down. They all moved with the respiration. Palpation occasionally showed a direct connection with the liver; but in more than half the cases percussion showed a tympanitic zone between the tumor and the liver.

The diagnosis was made in only a few cases. These tumors were mistaken for tumors of the pancreas, mesentery, omentum, pylorus, colon, ovary, and kidney. A tumor of the right lobe can often be grasped with one hand in the loin, and the other in front and moved freely about; under such circumstances it may feel exactly like a kidney, as in the author's case, but when, in addition to this, the urine contains casts, renal epithelium, etc., an error in diagnosis is inevitable.

Operative technique: In the majority of cases reported the liver-substance was cut with the thermo-cautery, and the large vessels tied. In a few cases the knife or scissors was used. In several cases the stump was strangulated with an elastic ligature or tied in sections with silk. Gauze pressed against the wound was often effective in stopping the general oozing.

There are four methods of treating liver wounds: (1) Closing the abdomen after stopping the bleeding, and sewing the liver wound when possible, and undressing the stump (intraperitoneal). The cases show this to be a very unsafe method, except, possibly, for small tumors.

(2) Operation in two sittings. Extraperitoneal. Tillmans fixed the liver in the abdominal wound and destroyed the growth with the cautery. Lûke fastened the pedicle into the abdominal wound and surrounded it with an elastic ligature; it was cut away on the ninth day with cautery. Terrillon used the same method. Lannenstein operated in two stages, and the patient died on the twelfth day of septicæmia. Küster reports a death from septicæmia due to this method.

(3) Fixing the stump into the abdominal wound (extraperitoneal). In many cases the stump, having been tied in sections or even with an elastic ligature, was sewed into the abdominal wound, and allowed to granulate under an iodform gauze dressing. This method has the serious defect that the liver is pulled out of its position, which may injure the organ; it also causes a constant tendency to tear out the stitches—every respiratory movement pressing directly on the wound.

(4) Liver wound packed with gauze and dropped into the abdomen. Abdominal wound partly closed (intraperitoneal). The author followed this method, ignorant of its previous use, and carried it still further by walling off the rest of the abdominal cavity. This gauze packing is one of the greatest advances in abdominal surgery, and the author feels certain it will prove itself of value in these cases when applied as in other abdominal surgery.

The best procedure, the author believes, is to use a rubber tube for a tourniquet; if necessary, to tie all large vessels separately, using pressure for the oozing; to close the liver as much as possible with sutures; to drop the stump and to surround it completely with sterile gauze, packing iodoform gauze against the liver wounds, and leave the abdominal wound sufficiently open to facilitate dressing the liver wound.

Treatment of Tubercular Cystitis.—BANZET (*Ann. des Mal. des Org. Genito-urin.*, June, 1897) calls attention to the fact that there are many cases of local tubercular disease of the bladder which are not recognized, or not sufficiently early, and that they go on to a general tubercular infection of the entire system. The early recognition and treatment of this condition will result in permanent cures of numbers of cases that now die of general tuberculosis.

The treatment of this condition he summarizes as follows: The treatment should be in the main medical and the treatment of the system. This is difficult, as the patient does not realize the necessity, and frequently such cases are considered cases of albuminuria, and are put upon a milk-diet, much to their disadvantage.

A cure can be obtained in these cases by a purely medical treatment. Local treatment properly applied is indicated in all cases, and is of advantage.

Topical applications are useful from the outset; sublimate in small doses gives excellent results. The other topical applications, so far, seem inferior. Guaiacol has the advantage of relieving the local pain and irritation at the same time.

Operative interference is indicated for the subjective phenomena of intense pain and frequent micturition, which cannot be relieved by the other treatment.

Curettage of the neck of the bladder by a perineal fistula in the male, by the urethra in the female, followed by prolonged free drainage, is of particularly great value. These two procedures produce, in the majority of cases, a marked diminution or suspension of the pain, as well as a general improvement; the local amelioration is often very considerable, and is, so to speak, a cure, especially in the female.

The suprapubic cystotomy is reserved for cases where the former modes of treatment and renewed topical applications have proved inefficient, and, in the author's opinion, is never the operation of choice.

The vesico-vaginal fistula is only to be employed in the female in cases which present an intensity in the functional symptoms that is very marked and is accompanied by great pain, and after all other resources have failed.

Operative procedures are for the relief of functional derangement and pain, and are not contraindicated by general infection or a markedly debilitated condition of the patient.